

# Dietary Approaches to Hyperkalemia



**ASPC**  
The American Society for Preventive Cardiology



**HFA**  
Heart Failure Association  
European Society of Cardiology



**RPA**  
Renal Physicians Association

## What to Recommend to Patients:

### A Balanced Diet is Important:



Balanced diet with fruits, vegetables, legumes, whole grains (base-producing, insulin-stimulating, high fiber content): ↓ K<sup>+</sup> bioavailability)



Limit processed meat (acid-producing: ↑K<sup>+</sup> bioavailability)



There are no "good" and "bad" foods. Encourage portion control, promote whole foods

### Food Preparation Affects K<sup>+</sup> content:



Foods w/ preservatives or additives, salt substitutes, and some supplements are high in K<sup>+</sup>



Double boiling (discard cooking water) decreases K<sup>+</sup> content



Limit ultraprocessed foods – they often contain K<sup>+</sup> additives



Drying food concentrates K<sup>+</sup>

### Other Considerations:



Control blood sugar and acidosis



Treat constipation to enhance gastrointestinal K<sup>+</sup> excretion:

- High fibre diet
- Balanced diet with physical activity
- Adequate fluid intake
- Use laxatives safe in CKD<sup>5</sup>



Refer to dietitian for individualized nutrition care for patients with advanced CKD

## Potassium Misconceptions:

**Myth 1:** Restricting dietary K<sup>+</sup> is useful to prevent hyperkalemia

- *What we now know: Dietary K<sup>+</sup> intake does not correlate well with serum K<sup>+</sup> but serum K<sup>+</sup> may be transiently elevated after high K<sup>+</sup> meal*
- *Therefore, avoid extreme restriction of dietary K<sup>+</sup>*

**Myth 2:** Avoid fruits and vegetables – the main sources of dietary K<sup>+</sup>

- *What we now know: K<sup>+</sup> is ubiquitous - meat, dairy, whole grains, legumes, and additives in processed foods are also significant sources<sup>2</sup>*
- *Despite K<sup>+</sup> content, bioavailability varies depending on the food source*

**Myth 3:** Dietary potassium 'budget' should be spent on animal protein

- *What we now know: There is insufficient evidence to recommend a particular protein type<sup>3</sup>*
- *Follow nutritionally and culturally sound recommendations*

1. JREN 2020; 30(4): 276-285.

2. Kidney360 2020, 1 (1) 65-71.

3. AJKD Suppl 1: S1-S107.

4. JREN 2021; 31(2); 210-214.

5. <http://www.bcrenal.ca/resource-gallery/Documents/Management%20of%20Constipation%20in%20Patients%20with%20Chronic%20Kidney%20Disease.pdf>